

Louisiana Office of Public Health Laboratories	
Test Name	<b>Confirmation or Further Identification of a Pure Isolate of <i>Haemophilus influenzae</i></b>
PHL Location	Office of Public Health Laboratory Baton Rouge
CPT Code	87077, 87147 X 7
Synonyms	<i>Haemophilus influenzae</i> culture
Brief Description of Test	Confirmatory test for <i>Haemophilus influenzae</i> with serotyping and biotyping for epidemiological purposes.
Possible Results	<i>Haemophilus influenzae</i> confirmation, typing (a, b, c, d, e and f) and biotyping ( I, II, III, IV, V, VI, VII and VIII) are the final result for the specimen.
Reference Range	N/A
Specimen Type	Pure viable isolate of <i>Haemophilus influenzae</i> from any sterile source.
Specimen Container(s):	Agar slant in screw cap tube that will support growth of the organism. Specimens must be labeled with two patient identifiers which match the identifiers on the lab submission form.
Minimum volume accepted:	N/A
Collection Instructions	N/A
Storage and Transport Instructions	Specimens can be maintained at ambient temperatures or refrigerated temperatures (2°C to 37°C) to protect viability. Do not freeze or ship frozen. The specimen should be received by the State Lab as soon as possible after the original collection date to allow for prompt epidemiological investigation.
Causes for Rejection	<ul style="list-style-type: none"> <li>• Leaking or broken container.</li> <li>• The Lab form 93 is missing required information.</li> <li>• No Lab form 93 received with specimen.</li> <li>• Misabeled or Unlabeled specimen</li> </ul>
Limitations of the Procedure	Culture submitted must be pure and viable.

Interfering Substances	N/A
References	Manual of Clinical Microbiology 10 <sup>th</sup> Edition
Additional Information	<p>Use Lab Form 93 and supply the following information:</p> <ul style="list-style-type: none"> <li>• Patient's first and last name</li> <li>• Second Unique Identifier</li> <li>• Gender</li> <li>• Date of birth</li> <li>• Date specimen was collected</li> <li>• Source of specimen</li> <li>• Test requested</li> <li>• Submitter's name, address, telephone number, fax number and contact person</li> </ul>
Release Date	11/2015
<p>Warning: If you have printed a copy of this information please be advised that the Louisiana Office of Public Health Laboratories website and methods are updated on a regular basis. Please check the on-line version of this document to ensure you are relying on the most recent release.</p>	